

**TRAVEL EXPENSE CLAIM**

STD 262 A (REV. 5/31/00) Department of Child Support Services

**MAIL STATION  
MS 10**

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CLAIMANT'S NAME <b>Jan C. Sturla</b>			SSN OR EMPLOYEE NUMBER			DEPARTMENT <b>Child Support Services</b>					
POSITION <b>Director</b>		CB/D NUMBER <b>Exempt</b>		DIVISION OR BUREAU <b>Executive</b>				INDEX NUMBER <b>1110</b>			
RESIDENCE ADDRESS				HEADQUARTERS ADDRESS				TELEPHONE NUMBER <b>916 464-5300</b>			
CITY <b>Sacramento</b>		STATE <b>CA</b>		ZIP CODE <b>95814</b>		CITY <b>Rancho Cordova</b>		STATE <b>CA</b>		ZIP CODE <b>95741</b>	

(1) MONTH/YEAR			(3)	(4)			(5) MEALS			(6)	(7) TRANSPORTATION					(8)	(9)
Apr. May 2009		LOCATION WHERE EXPENSES WERE INCURRED		LODGING	BREAK- FAST	LUNCH	O.T., L/T N/C, RELO. OR DINNER	INCIDENTALS	(A)	(B)	(C)	(D)		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY		
(2) DATE	TIME								COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	MILES	PRIVATE CAR USE AMOUNT				
30-Apr	9:30	3701 Power Inn Rd, Sacramento								PC		10	\$5.50		\$5.50		
	14:30	State Capitol								PC	6.00		\$0.00		\$6.00		
1-May	8:30	State Capitol								PC	9.00		\$0.00		\$9.00		
	13:00	Sacramento to Santa Ana								PC/A		16	\$8.80		\$8.80		
4-May	8:40	Orange County to San Diego		156.38		10.00	18.00	6.00	27.30	R/T			\$0.00		\$217.68		
5-May	12:00	San Diego to Rancho Cordova			6.00				33.00	T/A/PC	36.00	26	\$14.30		\$89.30		
													\$0.00		\$0.00		
6-May	12:00	State Capitol								PC	10.50	15	\$8.25		\$18.75		
													\$0.00		\$0.00		
8-May	9:30	State Capitol								PC		15	\$8.25		\$8.25		
	15:00	1600 9th Street								PC		15	\$8.25		\$8.25		
13-May	10:00	925 L Street, Sacramento								PC	10.50	15	\$8.25		\$18.75		
21-May	13:00	Rancho Cordova to Airport								PC/A	9.00	26	\$14.30		\$23.30		
22-May		San Clemente/Long Beach					18.00	6.00		PC	10.00	113	\$62.15		\$96.15		
26-May	10:00	Los Angeles/Burbank		146.00		10.00	18.00	6.00	26.20	T			\$0.00		\$206.20		
27-May	18:30	& return to Sacramento			6.00	10.00				A/PC	63.00	10	\$0.00		\$79.00		
(10) Subtotals				302.38	12.00	30.00	54.00	18.00	86.50		\$154.00	261	\$138.05	\$0.00	\$794.93		
CLAIM TOTAL														\$794.93			

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

4/30/09 Meeting of Big 6 Counties at Sacramento County Child Support Services Office; Legislative Briefing at State Capitol; 5/01/09 Budge pre-hearing at State Capitol;  
5/04-5/05/09 Speaking engagement at the Child SupportDirector's Association Attorney College in San Diego (5/01-5/03 stayed at residence in San Clemente; 5/04 Amtrak San Clemente to San Diego)  
5/06/09 Assembly Budget Hearing; 5/08 Meeting at CHHS; 5/13 CSDA Board Meeting; 5/21-5/22 Site visit at Orange County Department of Child Support Services in Santa Ana;  
Speaking engagement at the American Payroll Association Annual Conference in Long Beach. 5/21-5/25 Stayed at residence in San Clemente (no hotel charges incurred)

(12) NORMAL WORK HOURS	PCA	PROJECT	WORK	OBJ	AO	AMOUNT	OBJ	AO	AMOUNT	OBJ	AO	AMOUNT	OBJ	AO	AMOUNT	TOTAL
Exempt	41110		PHASE													
(13) PRIVATE VEHICLE LICENSE NO.																
(14) MILEAGE RATE CLAIMED																
\$0.55																
AGENCY ACCOUNTING OFFICE USE ONLY																
PAID BY REV. FUND CHECK NO.																
TOTALS																

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(F16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES			DATE